



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



MICHAEL P. FLANAGAN  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

## ***SCHOOL YEAR 2006-2007***

### ***Free Milk Family Application***

The Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265), enacted June 30, 2004, amended sections of the Richard B. Russell National School Lunch Act (NSLA) affecting the eligibility determination process for free and reduced price benefits under the National School Lunch Program, School Breakfast Program, and the Special Milk Program for Children. As a result of the changes the prototype free and reduced price family application and related materials for 2006-2007 have been updated to reflect the new requirements. The updated prototype and related materials are attached. For detailed instructions please read the attached document "CRITICAL INFORMATION FOR THE FREE MILK FAMILY APPLICATION."

#### **This packet contains:**

##### **Required materials that must be provided to households:**

- Letter to Households (2 pages)
- Free Milk Family Application (2 pages)
- Approval-Disapproval Letter to Households (1 page)

##### **Optional application-related materials that may be provided to households:**

- Sharing Information with Other Programs (1 page)

##### **Other materials:**

- Sample Public Release for Free Milk (2 pages)
- Eligibility Guidelines for Use in Schools (1 page)
- "CRITICAL INFORMATION FOR THE FREE MILK FAMILY APPLICATION"

If you have any questions, please contact the School Meals Program at 517-373-3347.

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608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909  
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## CRITICAL INFORMATION FOR THE FREE MILK FAMILY APPLICATION

### Program Requirements for Prototype Changes

- **New** programs **must** print the “Free Milk Family Application and Letter to Parents” prototypes, personalize it with appropriate district/school information, and submit a copy to MDE for approval.
- **Renewing** programs that make changes to the “Free Milk Family Application and Letter to Parents” prototypes or use a different application format (i.e. scanable) **must** submit a copy to MDE for approval every year.

### Family Application Prototype Information

- School Districts are required to use the “Free Milk Family Application” (SM-4485-C).
- The “Free Milk Family Application” cannot be completed and signed before July 1 of the upcoming school year. Annually, Income Eligibility Guidelines are effective from July 1 to June 30.

### Family Application Approval Process Information

- Prior school year applications may be used for the first 30 operating days of the current school year or until September 30, whichever comes first. The use of current school year applications must begin by October 1 of the school year. Any prior school year applications used beyond this time will violate federal regulations and result in fiscal sanctions.
- Refer to the “Eligibility Guidance for School Meals Manual” when approving Free and Reduced price school meals. It can be found at: [http://www.fns.usda.gov/cnd/Guidance/eligibility\\_guidance.pdf](http://www.fns.usda.gov/cnd/Guidance/eligibility_guidance.pdf)
- Electronic Benefit Transfer (EBT) Bridge Cards are now used throughout the State of Michigan to replace food stamp coupons. The EBT Bridge Card Number is a 16-digit numerical number, for example: 1234 2345 3456 4567, while the Food Stamp Case Number is an alpha/numerical number beginning with and ending with an alphabet, for example: V9999999A. **The United States Department of Agriculture (USDA) has determined that the number on a household’s EBT Bridge Card can NOT be accepted as a Food Stamp Case Number on applications for meal benefits.** As you receive and review applications for meal benefits, be sure that households providing a Food Stamp Case Number in PART 1 of the application are providing a Food Stamp Case Number and not an EBT Bridge Card Number. Please refer to Food Service Administrative Policy #4, SY 2000-2001: Use of Electronic Benefit Transfer Card Numbers on Applications for Meal Benefits.
- If a household has only one income source, or if all sources are the same frequency (i.e. all weekly), do not use conversion factors. Compare the income or the sum of the incomes to the published IEG for the appropriate frequency and household size to make the eligibility determination.
- If a household reports income sources at more than one frequency, the preferred *new* method is to annualize all income. **Annual Income Conversion: weekly x 52; every 2 weeks x 26; twice a month x 24; monthly x 12**
- Do not round the values resulting from each conversion. Sum all the unrounded converted values and compare the unrounded total to the published IEG for annual income for the appropriate household size.
- Each child must have their Food Stamp, FIP, or FDPIR number listed. (Do not assume all children in the same family share the same number.)
- Eligibility determinations are valid for the entire school year.

- Every month sponsors should print and retain a roster of students eligible for free milk. This record serves as a basis for the claim for reimbursement and for audit and review purposes. It must be kept three years after the date of the final claim for reimbursement for the fiscal year to which they pertain or as long as there are unresolved audit findings related to those records.

### **Sharing Information with Other Programs**

- School food authorities may disclose, without parent/guardian consent, participants' names and eligibility status (whether they are eligible for free meals or free milk or reduced price meals) to persons directly connected with the administration or enforcement of *Federal education or State education programs* such as Title I, MEAP, and NCLB.
- The attachment "Sharing Information with Other Programs" **must** be used when a School/District plans to use information on free and reduced applications for purposes other than evaluating eligibility for school meals or for programs authorized by the National School Lunch Act (42 USC 1758 (b)(2)(C)(iii)). A signature from the parent or legal guardian must be on file before the school/district can release any information. Please refer to Food Service Administrative Policy #4, SY 98-99: Parental Consent to Release Information for Free and Reduced Price Meal Eligibility.

### **FDPIR-Food Distribution Program on Indian Reservations**

- As stated in Eligibility Guidance for School Meals Manual (August, 2001), Part 6- Categorical Eligibility, a child from a household currently certified to receive benefits through the Food Distribution Program on Indian Reservations (FDPIR) is categorically eligible for free benefits in the National School Lunch Program.
- When a household submits a complete application that contains: (1) the name of the child, (2) a current FDPIR case number or identifier (with Program affiliation, i.e. "Sault Ste. Marie Commodity Program"), and (3) an adult signature, the determining official must approve the child for free meals or free milk, as applicable.
- For further information please refer to: <http://www.fns.usda.gov/fdd/programs/fdpi/>

### **Special Milk Program**

- The Special Milk Program and Application for Free Milk materials can only be provided to students who do not have access to the National School Breakfast or Lunch Program (i.e. ½ day afternoon kindergarten). School food authorities may **not** claim the Special Milk Program for students who purchase/receive only milk when the Breakfast or Lunch Program is available.

### **Homeless, Migrant, and Runaway**

- Homeless, migrant, and runaway youth are categorically eligible for free meals.
- Please refer to "Categorical Eligibility for Free Lunches and Breakfasts of Runaway, Homeless, and Migrant Youth: Reauthorization 2004 Implementation Memo SP4"  
[http://www.fns.usda.gov/cnd/Governance/policy/Reauthorization\\_04/2004-07-19.pdf](http://www.fns.usda.gov/cnd/Governance/policy/Reauthorization_04/2004-07-19.pdf)

Dear Parent/Guardian:

Children need milk to learn. \_\_\_\_\_ School(s) offers healthy milk every school day. Students may buy milk for \$\_\_\_\_\_. Your children may qualify for free milk.

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free milk. Use one Free Milk Family Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:  
\_\_\_\_\_  
(Name, address, and phone number)
2. **Who can get free milk?** Children in households getting Food Stamps, FIP, or FDPIR and most foster children can get free meals regardless of your income. Also, your children can get free milk if your household income is within the free limits on the Federal Income Guidelines.
3. **Can homeless, runaway, and migrant children get free meals?** Please call \_\_\_\_\_  
-homeless liaison or migrant coordinator, to see if your child(ren) qualify, if you have not been informed that they will get free milk.
4. **Should I fill out an application if I got a letter this school year saying my children are approved for free milk?** Please read the letter you got carefully and follow the instructions. Call the school at \_\_\_\_\_ if you have questions.  
(Phone number)
5. **I get WIC. Can my child(ren) get free milk?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
6. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, FIP, FDPIR, or other benefits. If you lose your job, your children may be able to get free milk.
7. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: \_\_\_\_\_  
(Name, address, and phone number)
8. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free milk.
9. **Who should I include in as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children who live with you.
10. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
11. **We are in the military, do we include our housing allowance as income?** If your housing is part of Military Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

Sincerely,

### Application Instructions:

Your children may qualify for free milk if your household income falls within the limits on this chart.

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$12,740	\$1,062	\$531	\$490	\$245
2	\$17,160	\$1,430	\$715	\$660	\$330
3	\$21,580	\$1,799	\$900	\$830	\$415
4	\$26,000	\$2,167	\$1,084	\$1,000	\$500
5	\$30,420	\$2,535	\$1,268	\$1,170	\$585
6	\$34,840	\$2,904	\$1,452	\$1,340	\$670
7	\$39,260	\$3,272	\$1,636	\$1,510	\$755
8	\$43,680	\$3,640	\$1,820	\$1,680	\$840
Each additional person:	4420*	369*	185*	170*	85*

**If your entire household gets Food Stamps, FIP, or FDIPIR, follow these instructions:**

Part 1: Skip this part.

Part 2: Skip this part.

Part 3: List child(ren)'s name, school, grade, check "Yes," and list a case number.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 7: Answer this question if you choose to.

**If you are applying for a homeless, migrant, or runaway child check the appropriate box and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

Part 1: Check the box and list the child's personal use monthly income, if any.

Part 2: Skip this part.

Part 3: **Use a separate application for each foster child.** List the child's name, school, and grade.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

Part 1: Skip this part.

Part 2: Check the appropriate box, if any.

Part 3: List each child's name, school, and grade.

Part 4: Follow these instructions to report total household income from last month.

**Column 1- Name:**

- List the first and last name of **each** person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2- Gross Income:**

- Next to each person's first and last name list each type of income received last month. Next to the amount write how often the person got it (weekly, every other week, twice a month, or monthly).
  - Earning from work:* List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
  - All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
  - If the person does not have any income check the last box "Check if no income."

Part 5: An adult household member must sign and date the form, and list a **Social Security Number**, or check the box "I do not have a Social Security Number."

Part 6: Skip this part.

Part 7: Answer this question if you choose to.

## Free Milk Family Application

<b>Part 1- Foster Child</b>	<input type="checkbox"/> YES	Child's spending money per month \$_____ If none available, list \$0.
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<b>Part 2- Homeless</b> <input type="checkbox"/>	<b>Migrant</b> <input type="checkbox"/>	<b>Runaway</b> <input type="checkbox"/>
If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the: District/School Homeless Liason or Migrant Coordinator at _____.		

<b>Part 3- Children in School (Use a separate application for each foster child)</b>			
Student's Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR? If "YES," you must list a case number.*
			<input type="checkbox"/> NO <input type="checkbox"/> YES # _____
			<input type="checkbox"/> NO <input type="checkbox"/> YES # _____
			<input type="checkbox"/> NO <input type="checkbox"/> YES # _____
			<input type="checkbox"/> NO <input type="checkbox"/> YES # _____
			<input type="checkbox"/> NO <input type="checkbox"/> YES # _____

\*Bridge Card Numbers and Medicaid Only Numbers are NOT ACCEPTABLE case numbers, you must complete Part 4.

If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 5.

<b>Part 4- Total Household Gross Income-You must tell us how much and how often it is received.</b>					
Gross Income- Example: \$100/month, \$100/twice a month, \$100/every 2 weeks, \$100/week					
1- Name (List everyone in household)	<b>2- Gross Income</b>				
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	Check if NO income
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/> NO
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/> NO
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/> NO
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/> NO
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/> NO
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/> NO
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/> NO
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/> NO

<b>Part 5 - Signature and Social Security Number (Adult household member must sign.)</b>			
If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)			
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted.			
<b>*SIGN HERE: X</b> _____		<b>DATE:</b> _____	
<b>*Adult Social Security Number:</b> _____		<input type="checkbox"/> I do not have a Social Security Number	
Address	City	Zip Code	County
Home Phone <input type="checkbox"/>	Work Phone		

Do not fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12			
Household Size: ____ Total Gross Income: \$ _____ Week ____, Every 2 Weeks ____, Twice a Month ____, Month ____, Annual ____			
Foster Child: ____ Categorical Eligibility: ____		Eligibility: Free ____ Denied ____	
Temporary Free ____ Time Period: _____ (expires after ____ days)			
Reason for Denial: ____ Income too High ____ Incomplete Application ____ Other (specify) _____			
Determining Official's Signature: _____		Date: _____ Date Withdrawn: _____	

OVER

**Part 6- Foster Children**

In most cases foster children are eligible for free meals regardless of your household income

Foster Home License Number: \_\_\_\_\_ (optional)

\_\_\_\_ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.

\_\_\_\_ B. The child is a resident of a licensed "Group Foster" home or a residential institution.

**\*\*Only the foster child's spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the school.**

**Part 7- Child's Racial/Ethnic Identity (Optional)**

Check one or more racial identities:

\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Black or African American

\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_ Asian

\_\_\_\_ White

\_\_\_\_ Other

Check one ethnic identity:

\_\_\_\_ Hispanic or Latino

\_\_\_\_ Neither Hispanic nor Latino

**Privacy Act Information: Social Security Number**

The Richard B. Russel National Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list a Food Stamp or FIP/FDPIR case number for your child, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We will use your information to see if your child is eligible for free or reduced price meals and for administration and enforcement. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look for violations of program rules. These facts must be told to the household member whose Social Security Number is given. Any other use of the Social Security Number must be specified here.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**Verification- FOR SCHOOL USE ONLY**

Date Selected for Verification: \_\_\_\_\_

SAMPLE SELECTION: \_\_\_\_\_ 100%

Response Due from Household: \_\_\_\_\_

\_\_\_\_ Focused      \_\_\_\_ Random      \_\_\_\_ Other \_\_\_\_\_

Second Notice Sent: \_\_\_\_\_

**FOOD STAMP/FIP ELIGIBILITY:**\_\_\_\_ *Not Confirmed**Confirmed:*

\_\_\_\_ Food Stamp Office

\_\_\_\_ Notice of Eligibility

\_\_\_\_ ATP Card issued monthly

**INCOME: \$ \_\_\_\_\_**

\_\_\_\_ Monthly      \_\_\_\_ Yearly

\_\_\_\_ Wage Stubs

\_\_\_\_ Written Documents

\_\_\_\_ Collateral Contact

\_\_\_\_ Agency Records

\_\_\_\_ Other \_\_\_\_\_

**VERIFICATION RESULT:**

\_\_\_\_ Free to Reduced

\_\_\_\_ Free to Paid

\_\_\_\_ Reduced to Free

\_\_\_\_ Reduced to Paid

\_\_\_\_ No Change

**REASON FOR ELIGIBILITY CHANGE:**

\_\_\_\_ Income

\_\_\_\_ Household Size

\_\_\_\_ Refused to Cooperate

\_\_\_\_ Other \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATE ADVERSE NOTICE SENT: \_\_\_\_\_

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

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☐ Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_.  
[Name of program specific to your school]

☐ Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_.  
[Name of program specific to your school]

☐ Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_.  
[Name of program specific to your school]

**If you check yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.**

☐ No! **I DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

**If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call \_\_\_\_\_ at \_\_\_\_\_.

**Return this form to:**



Dear Parent or Guardian:

Your family application for free and reduced price meals or free milk has been evaluated.

Name of Student	Grade	School

**APPROVED**

- ☐ Free Lunches
- ☐ Free Breakfast
- ☐ Free Afterschool Snack
- ☐ Reduced price lunches. Your cost: \_\_\_\_\_ cents per meal.
- ☐ Reduced price breakfast. Your cost: \_\_\_\_\_ cents per meal.
- ☐ Reduced Price Snack. Your cost: \_\_\_\_\_ cents per snack.
- ☐ Free Milk

**DISAPPROVED**

- ☐ Total household income exceeds published income scales.

**INCOMPLETE**

- ☐ Income by source is not listed. Please send corrected copy.
- ☐ Names of all household members are missing or not listed. Please send corrected copy.
- ☐ Signature of primary wage earner or adult is missing. Please send corrected copy.
- ☐ Social security number of adult who signed the application is missing.
- ☐ Other (specify): \_\_\_\_\_

You may apply at any time during the school year. If you wish to review the decision further, you have a right to a fair hearing. This may be done by calling or writing the following official:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Sincerely,

## **SAMPLE PUBLIC RELEASE FOR FREE AND REDUCED PRICE MEALS**

**INSTRUCTIONS:** Delete references to any programs in which SFA does not participate. If the release covers more than one SFA, provide a list of the SFAs, the programs in which they participate, titles of determining officials, and the names, addresses, and telephone numbers of the hearing officials.

This is the public release that we will send to \_\_\_\_\_ on \_\_\_\_\_  
(News Media & Major Employers Contemplating Layoffs) (Date)

\_\_\_\_\_  
(Local School Food Authority) today announced its policy for free and reduced price meals

for children unable to pay the full price of meals served under the National School Lunch and School Breakfast Program. The following household size and income criteria will be used for determining eligibility:

### **Scale for Free Meals or Free Milk**

### **Scale for Reduced Price Meals**

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$12,740	\$1,062	\$531	\$490	\$245		\$18,130	\$1,511	\$756	\$698	\$349
2	\$17,160	\$1,430	\$715	\$660	\$330		\$24,420	\$2,035	\$1,018	\$940	\$470
3	\$21,580	\$1,799	\$900	\$830	\$415		\$30,710	\$2,560	\$1,280	\$1,182	\$591
4	\$26,000	\$2,167	\$1,084	\$1,000	\$500		\$37,000	\$3,084	\$1,542	\$1,424	\$712
5	\$30,420	\$2,535	\$1,268	\$1,170	\$585		\$43,290	\$3,608	\$1,804	\$1,665	\$833
6	\$34,840	\$2,904	\$1,452	\$1,340	\$670		\$49,580	\$4,132	\$2,066	\$1,907	\$954
7	\$39,260	\$3,272	\$1,636	\$1,510	\$755		\$55,870	\$4,656	\$2,328	\$2,149	\$1,075
8	\$43,680	\$3,640	\$1,820	\$1,680	\$840		\$62,160	\$5,180	\$2,590	\$2,391	\$1,196
	4420*	369*	185*	170*	85*		6290*	525*	263*	242*	121*

\*For each additional household member add:

Children from households whose income is at or below the levels shown are eligible for free and reduced price meals.

Application forms are being sent to all homes with a letter to parents or guardians. To apply for free or reduced price meals, households should fill out the form and return it to the school. Additional copies of the application form are available at the principal's office in each school. Households should answer all questions on the form.

**NON FOOD STAMP HOUSEHOLDS:** An application which does not contain all of the following information cannot be processed by the school: (1) the total income by source for each household member (such as wages, child support, etc.); (2) names of all household members; (3) social security number of the adult household member who signs the application; and (4) the signature of an household member.

**FOOD STAMP/FIP/FDPIR HOUSEHOLDS:** If you currently receive Food Stamps, Family Independence Program (FIP), or Food Distribution Program on Indian Reservation (FDPIR) benefits for your child, you only have to list your child's name and Food Stamp or FIP/FDPIR case number and sign the application.

The information provided by the household is confidential and will be used only for the purpose of determining eligibility, verifying data, or qualifying children for other federal and state programs, as authorized by the United States Department of Agriculture. The school or other officials may verify applications at any time during the school year.

Households may apply for benefits at any time during the school year. If a household is not currently eligible but has a decrease in household income, an increase in household size or if a household member becomes unemployed, the household should fill out an application at that time.

In most cases, FOSTER CHILDREN are eligible for these benefits regardless of the household's income. If a household has foster children living with them and they wish to apply for free or reduced price meals for them, the household should contact the school for more information. Under the provisions of the policy \_\_\_\_\_

(Name, Address & Telephone Number of Hearing Official)

will review applications and determine eligibility.

Parents or guardians dissatisfied with the ruling of the official may wish to discuss the decision with the determining official on an informal basis. The household also has the right to a fair hearing. This can be done by calling or writing the following official: \_\_\_\_\_.  
(Name, Address and Telephone Number of Hearing Official)

Each school and the \_\_\_\_\_ have a complete policy, which may be reviewed by any interested party.  
(Central Office)

**REAPPLY:** You may apply for meal benefits at any time during the school year. If you lose your job, if your income decreases, if your family size increases, if you begin Food Stamps or FIP/FDPIR, fill out an application at that time.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-5964 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

You will be informed of application approval or denial.

# Eligibility Guidelines for Use in Schools

(This form is for school personnel use only.)

Family income criteria to be used for the 2006-2007 school year for School Lunch, School Breakfast or Special Milk Programs.

## A. Scale for Free Meals or Free Milk

## B. Scale for Reduced Price Meals

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$12,740	\$1,062	\$531	\$490	\$245	\$18,130	\$1,511	\$756	\$698	\$349
2	\$17,160	\$1,430	\$715	\$660	\$330	\$24,420	\$2,035	\$1,018	\$940	\$470
3	\$21,580	\$1,799	\$900	\$830	\$415	\$30,710	\$2,560	\$1,280	\$1,182	\$591
4	\$26,000	\$2,167	\$1,084	\$1,000	\$500	\$37,000	\$3,084	\$1,542	\$1,424	\$712
5	\$30,420	\$2,535	\$1,268	\$1,170	\$585	\$43,290	\$3,608	\$1,804	\$1,665	\$833
6	\$34,840	\$2,904	\$1,452	\$1,340	\$670	\$49,580	\$4,132	\$2,066	\$1,907	\$954
7	\$39,260	\$3,272	\$1,636	\$1,510	\$755	\$55,870	\$4,656	\$2,328	\$2,149	\$1,075
8	\$43,680	\$3,640	\$1,820	\$1,680	\$840	\$62,160	\$5,180	\$2,590	\$2,391	\$1,196
	4420*	369*	185*	170*	85*	6290*	525*	263*	242*	121*

\*For each additional household member add:

All children from families at or below the income levels in Column A are eligible to receive meals, after school snack or milk at no cost\*\*, if available (Special Milk Program). Column A is used for the School Lunch and Breakfast, or Special Milk Program.

In addition, Federal P.L. 94-105 makes mandatory the service of reduced price meals to those children from families within the range of incomes in Column B. These children must be provided with lunches at a price not exceeding 40 cents. If the Breakfast Program or an after school snack program is available, all children qualifying for free and reduced price lunches will also qualify for free and reduced price breakfasts and/or snack. The charge for a reduced price breakfast may not exceed 30 cents; the charge for reduced price snack may not exceed 15 cents.

Column B must therefore be used in providing reduced price meals.

\*\*Service of free milk is optional.

## INCOME TO REPORT

### Earnings from Work

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned
- Business, day care business
- Or farm

### Welfare/Child Support/Alimony

- Public assistance payments
- Welfare payments
- Alimony/child support payments

### Pensions/Retirement/Social Security

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran's income
- Social security

### Other Monthly Income/Self-Employment

- Disability benefits
- Cash withdrawn from savings
- Interest/dividends
- Income from estate/trusts/investments
- Regular contributions from persons not living in the household
- Net royalties/annuities/net rental income
- Any other income